

KIM GUADAGNO Ll. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, 6th Floor, Newark, NJ 07102
www.niconsumeraffairs.gov/medical/nursing.htm



ERIC T. KANEFSKY
Director

Malling Address: P.O. Box 45010 Newark, NJ 07101 (973) 504-6430

July 17, 2015

VIA REGULAR AND CERTIFIED MAIL

Svetlana Stepascenko, C.H.H.A. 100 Stone Hill Road, Apt. #D-12 Springfield, NJ 07081

RE: I/M/O Svetlana Stepascenko, C.H.H.A.

Consent Order

Dear Ms. Svetlana Stepascenko:

Enclosed herewith please find a "filed" copy of the Consent Order ("Order") entered with regard to the above referenced matter. Please read this Order carefully, as you may be subject to additional discipline if you do not comply with the terms of the Order. If you have any questions please contact Deputy Attorney General Shirley Dickstein 973-648-2779.

Sincerely yours,

Joanne Leone, Acting Executive Director,

State Board of Nursing

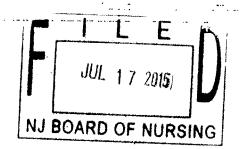
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Encl.

cc: Shirley Dickstein, DAG

Calcagni Kanesky, Esq.

JOHN J. HOFFMAN
ACTING ATTORNEY GENERAL OF NEW JERSEY
Division of Law - 5th Floor
124 Halsey Street
P.O. Box 45029
Newark, New Jersey 07101



By: Shirley Dickstein
Deputy Attorney General
Attorney for the Board of Nursing
Tel. (973)648-2779

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF NURSING

IN THE MATTER OF THE SUSPENSION OR REVOCATION OF THE CERTIFICATION OF

Administrative Action

Svetlana Stepascenko,

INTERIM CONSENT ORDER

Certification # 26NH10204900

TO PRACTICE AS A HOMEMAKER-HOME HEALTH AIDE IN THE STATE OF NEW JERSEY

This matter was opened to the New Jersey State Board of Nursing (the "Board") upon receipt of information indicating that Svetlana Stepascenko ("Respondent"), a certified homemaker-home health aids in the State of New Jersey, was arrested on February 18, 2015 sixty-four (64) counts of Health Care Claims Fraud, in violation of N.J.S.A. 2C:21-4.3A, one (1) count of Theft by Deception, in violation of N.J.S.A. 2C:20-4a and one

(1) count of Obtaining Medical Benefits, in violation of N.J.S.A. 30:4D-17.

The allegations, if proven, would disqualify Respondent from certification as a homemaker-home health aide pursuant to N.J.S.A. 45:11-24.3 and demonstrate that Respondent engaged in acts constituting crimes or offenses which relate adversely to the activity regulated by the Board in violation of N.J.S.A. 45:1-21(f), which would provide a basis for disciplinary action against Respondent's certification.

On April 2, 2015, Respondent's attorney notified the Board that Respondent was willing to voluntarily agree to a temporary suspension of her certification commencing on that date and that she was no longer working as a homemaker-home health aide.

It appearing that Respondent agrees to voluntarily enter into an agreement surrendering her certification, to be deemed a suspension, without making admissions and without prejudice to her ability to defend any action brought based on the above allegations, and the Board finding the within disposition adequately protective of the public health, safety and welfare, and for good cause shown;

IT IS THEREFORE ON THIS TO day of July . 2015, ORDERED:

1. Respondent is hereby granted leave to voluntarily surrender her certification to practice as a homemaker-home health aide in the State of New Jersey, to be deemed a

against her, successful completion of all criminal terms (if any) and payment of all fines and penalties (if any). The surrender shall be effective upon the filing of this Order.

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- 2. Respondent shall immediately cease and desist from holding herself out as a certified homemaker-home health aide in the State of New Jersey and/or practicing as a homemaker-home health aide, which includes but is not limited to performing delegated nursing regimens or nursing tasks delegated through the authority of a duly licensed professional nurse pending further order of the Board.
- 3. Respondent shall, within 5 (five) days of the filing of this Consent Order, mail her certificate, wall and wallet version, to practice as a homemaker-home health aide to Twalema Khonje, State Board of Nursing, P.O. Box 45010, Newark, New Jersey 07101.
- 4. Nothing contained herein shall be deemed an admission of liability on the part of Respondent.
- 5. The entry of the within Order is without prejudice to the further investigation and/or prosecution of any violations by Respondent of any statutes or regulations governing the homemaker-home health aide practice in the State of New Jersey or any other violations of law, by the Board, the Attorney General, or any other regulatory or law enforcement agency,

including, but not limited to, any pending matters under investigation, including prosecution of this matter.

- 6. In the event that Respondent seeks reinstatement of her New Jersey certification in the future, Respondent shall:
 - a. Furnish the Board with documentation of the disposition of the criminal charge against her and successful completion of all criminal sentencing terms (if any) and payment of all fines and penalties (if any).
 - b. Appear before the Board to discuss her readiness to reenter practice as a homemaker-home health aide.
 - c. Affirmatively establish her fitness, competence and capacity to re-enter active practice as a certified homemaker-home health aids within New Jarsey.
- 7. The Board reserves the right to place restrictions and/or limitations upon Respondent's certification to practice as a homemaker-home health aide in the State of New Jersey in the event that her certification is reinstated.
- 8. Any violation of this order by Respondent shall constitute grounds for such proceedings as are permitted by law.

NEW JERSEY STATE BOARD OF NURSING

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Patricia Murphy, PhD, Apr, FAAN

President

I have read and understand the within Consent Order and agree to be bound by its terms. Consent is hereby given to the Board to enter this Order.

Svetlana Svepascenko

Date: 7/10/20/5

I consent to the form and entry of this Order.

Eric Kanefsy, Esq. Attorney for Svetlana Stepascenko

Date: 7/13/2015

MAIL. RECEIPT 7965 3510 1000 0511 1107 7965 3510 1000 0511 1107 Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)